



Web Site: <http://evans.carson.amedd.army.mil/Peds/index.htm>

## PEDIATRIC CLINIC PATIENT EDUCATION HANDOUTS

# Night Terrors

### Description

- Your child is agitated and restless but cannot be awakened or comforted.
- Your child may sit up or run helplessly about, possibly screaming or talking wildly.
- Although your child appears to be anxious, he doesn't mention any specific fears.
- Your child doesn't appear to realize that you are there. Although your child's eyes are wide open and staring, he looks right through you.
- The episode begins 1 to 2 hours after going to sleep.
- Your child may mistake objects or persons in the room for dangers.
- The episode lasts from 10 to 30 minutes.
- Your child cannot remember the episode in the morning (amnesia).
- The child is usually 1 to 8 years old.

### Cause

Night terrors are an inherited disorder in which a child tends to have dreams during deep sleep from which it is difficult to awaken. They occur in 2 percent of children and usually are not caused by psychological stress. Getting overtired can trigger night terrors.

### Expected Course

Night terrors usually occur within 2 hours of bedtime. Night terrors are harmless and each episode will end of its own accord in deep sleep. The problem usually disappears by age 12 or sooner.

### Dealing with Night Terrors

1. **Try to help your child return to normal sleep.**  
Your goal is to help your child go from agitated sleep to a calm sleep. You won't be able to awaken your child, so don't try to. Turn on the lights so that your child is less confused by shadows. Make soothing comments such as, "You are all right. You are home in your own bed. You can rest now." Speak calmly and repetitively. Such comments are usually better than silence and may help your child refocus. Some children like to have their hand held during this time, but most will pull away. Hold your child only if it seems to help your child feel better.  
There is no way to abruptly shorten the episode. Shaking or shouting at your child will just cause the child to become more agitated and will prolong the attack.
2. **Protect your child against injury.**  
During a night terror, a child can fall down a stairway, run into a wall, or break a window. Try to gently direct your child back to bed.
3. **Prepare baby sitters or overnight leaders for these episodes.**  
Explain to people who care for your child what a night terror is and what to do if one happens. Understanding this will prevent them from overreacting if your child has a night terror.

### Prevention of Night Terrors

1. **Keep your child from becoming overtired.**

Adapted from: Clinical Reference Systems 1999 **Pediatric Advisor**

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Further educational handouts can be found on our web site at: <http://evans.carson.amedd.army.mil/Peds/handout.htm>

Sleep deprivation is the most common trigger for night terrors. For preschoolers, restore the afternoon nap. If your child refuses the nap, encourage a one-hour "quiet time." Also avoid late bedtimes because they may trigger a night terror. If your child needs to be awakened in the morning, that means he needs an earlier bedtime. Move lights out time to 15 minutes earlier each night until your child can self-awaken in the morning.

2. **Use prompted awakenings for frequent night terrors.**

If your child has frequent night terrors, Dr. B. Lask of London has found a new way to eliminate this distressing sleep pattern in 90 percent of children. For several nights, note how many minutes elapse from the time your child falls asleep to the onset of the night terror. Then begin awakening your child every night 15 minutes before the expected time of the night terror. Remind your child to "wake up fast." Keep your child fully awake and out of bed for 5 minutes. Continue these prompted awakenings for seven consecutive nights. If the night terrors return when you stop awakening your child, repeat this seven-night training program.

**Call Your Child's Physician During Office Hours If:**

(526-7653 during duty hours)

- Any drooling, jerking, or stiffening occurs.
- The episodes occur two or more times per week after the seven prompted awakenings.
- Episodes last longer than 30 minutes.
- Your child does something dangerous during an episode.
- Episodes occur during the second half of the night.
- Your child has several daytime fears.
- You feel family stress may be a factor.
- You have other questions or concerns.